## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/647081

| CLAIMS AS FILED - PART I                                                 |                                                               |                 |                                    |                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |       | SMALL ENTITY                                     |                        |       | OTHER THAN          |                        |
|--------------------------------------------------------------------------|---------------------------------------------------------------|-----------------|------------------------------------|----------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------|--------------------------------------------------|------------------------|-------|---------------------|------------------------|
|                                                                          |                                                               | <del>-</del>    | (Column 1)                         |                |                                        | (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | ۔ ا   | TYPE                                             |                        | OR    | SMALL               |                        |
| FOR                                                                      |                                                               |                 | NUMBER FILED                       |                |                                        | NUMBER EXTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |       | RATE                                             | FEE                    |       | RATE                | FEE                    |
| BASIC FEE                                                                |                                                               |                 |                                    |                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |       |                                                  | !                      | OR    |                     | 970                    |
| TOTAL CLAIMS                                                             |                                                               |                 | 28 minus 20=                       |                |                                        | . 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |       | X\$ 9=                                           |                        | OR    | X\$18=              | 144                    |
| INDEPENDENT CLAIMS                                                       |                                                               |                 | J minus 3 =                        |                |                                        | • _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |       | X39=                                             |                        | OR    | X78=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                               |                 |                                    |                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | +130= |                                                  | OR                     | +260= |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                               |                 |                                    |                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | L     | TOTAL                                            |                        | OR    | TOTAL               | 1114                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |                                                               |                 |                                    |                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |       | SMALL E                                          | ENTITY                 | OR    | OTHER<br>SMALL I    |                        |
| AMENDMENT A                                                              |                                                               | CL<br>REM<br>AF | AIMS<br>AINING<br>TER<br>IDMENT    |                | Pf                                     | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PRESENT<br>EXTRA                      |       | RATE                                             | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                         | •               |                                    | Minus          | ••                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | =                                     |       | X\$ 9=                                           |                        | OR    | X\$18=              |                        |
|                                                                          | independent                                                   | •               |                                    | Minus          | •••                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | =                                     |       | X39=                                             |                        | OR    | X78=                |                        |
|                                                                          | FIRST PRESE                                                   | NTATIC          | ON OF MU                           | ILTIPLE DEI    | ENI                                    | DENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |       | +130=                                            |                        | OR    | +260=               |                        |
|                                                                          |                                                               |                 |                                    |                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |       | TOTAL                                            |                        |       | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                               |                 |                                    |                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |       | ADDIT. FEE                                       |                        |       | AUDII. FEE          |                        |
| AMENDMENT B                                                              |                                                               | REM<br>A        | AIMS<br>IAINING<br>FTER<br>NOMENT  |                |                                        | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PRESENT<br>EXTRA                      |       | RATE                                             | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                         | •               |                                    | Minus          |                                        | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | =                                     |       | X\$ 9=                                           |                        | OR    | X\$18=              |                        |
|                                                                          | Independent                                                   | ·               |                                    | Minus          |                                        | ••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ]=                                    |       | X39=                                             |                        | OR    | X78=                |                        |
| H                                                                        | FIRST PRESE                                                   | NTATI           | ON OF M                            | ULTIPLE DE     | PEN                                    | IDENT CLAIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | ا ز   | +130=                                            |                        | OR    | +260=               |                        |
|                                                                          |                                                               |                 |                                    |                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |       | TOTAL<br>ADDIT. FEE                              |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                               |                 |                                    |                |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |       | ADDIT. FEE                                       |                        | -     |                     |                        |
| AMENDMENT C                                                              |                                                               | REM<br>A        | LAIMS<br>MAINING<br>FTER<br>NDMENT |                |                                        | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PRESENT<br>EXTRA                      |       | RATE                                             | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                         | ·               | •                                  | Minus          |                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | =                                     |       | X\$ 9=                                           |                        | OR    | X\$18=              | 1                      |
|                                                                          | Independent                                                   | ·               |                                    | Minus          | _ـــــــــــــــــــــــــــــــــــــ | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | =                                     |       | X39=                                             |                        | OR    | V70-                |                        |
|                                                                          | FIRST PRESE                                                   | ON OF M         | MULTIPLE DEPEN                     |                | NDENT CLAIR                            | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ן נ                                   |       | <del>                                     </del> | 1                      |       | †                   |                        |
|                                                                          | If the entry in colu                                          | ımn 1 ic        | loss than t                        | he entry in co | lumn                                   | 2 write "0" in o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | olumn 3                               |       | +130=                                            | <u> </u>               | OR    | +260=               |                        |
|                                                                          | If the "Highest No<br>"If the "Highest No<br>"The "Highest No | ımber P         | reviously P                        | aid For IN The | HIS S                                  | PACE is less the PACE i | an 20, enter "20<br>nan 3, enter "3." |       | TOTAL<br>ADDIT. FEE<br>ound in the a             | <u> </u>               | OR    | ADDIT. FE           | ĒL                     |